

MACON WATER AUTHORITY

Date of Application:

Application for Employment

Qualified applicants are considered for all vacant positions applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Position(s) applying for (list in order of preference)

1			2					
Personal	Information							
Name:	_							
	Last]	First				MI	
Address:					_			
	Number	Street				City	State	Zip
Phone No.				Last four	of SSN#			
Alternate Phone No.								
Are you 1	8 years of age of	or older?	□ YES	🗆 NO				
Do you ha	ve a valid Geo	rgia Driver's License?	□ YES	🗌 NO				
Do you hold a CDL License? Image: YES NO If yes, what type Have you filed an application with MWA before? YES NO Date								
•	urrently employ		☐ YES	🗌 NO				
May we co	ontact your pre	sent employer?	☐ YES	🗌 NO				
Are you a citizen of the United States? VES NO If no, do you possess an Alien Registration Card? VES NO								
If yes, give your Alien Registration Number								
On what d	late are you ava	ailable for work?				_		
Do any of	n lay-off or sub your relatives name(s) and re	0	YESYES	□ NO □ NO				
Have you ever been convicted of a felony? YES NO If yes, how long ago was it? If yes, explain								
(Conviction will not necessarily disqualify applicant from employment)								

Are you a veteran	of the U.S. military service?	YES NO	
If yes, what was y	our Branch of U.S. military s	ervice?	
Date of Duty:	From:	To:	
Have you ever bee		oyment for violating company p	policies, rules, or regulations?
If yes, please expl	ain:		
References			
	ss, and phone number of three	e references not related to you.	
Name:		Address:	Phone Number:
	·		
Person to be notifi	ied in case of emergency:		
Name:			
Address:			
Telephone: (If ide	ntical to phone number listed	on page 1, please provide alter	rnate number)

Employment History

List each job held starting with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin.)

	D	ates	Pay l	Rates
Employer	То	From	Starting	Final
Address				
Job Title	Briefly desci	ribe your duties	3:	
Supervisor/Telephone No.				
Reason for leaving				
	D	ates	Pay 1	Rates
Employer	То	From	Starting	Final
Address				
Job Title	Briefly descr	ibe your duties	8:	
Supervisor/Telephone No.	-			
Reason for leaving				
	D	ates	Pay 1	Rates
Employer	То	From	Starting	Final
Address				
Job Title	Briefly desci	ribe your duties	:	
Supervisor/Telephone No.	+			
Reason for leaving	-			
	D	ates	Pay 1	Rates
Employer	То	From	Starting	Final
Address				
Job Title	Briefly desci	ibe your duties	3:	
Supervisor/Telephone No.	-			
Reason for leaving	-			

School Name/Location (city, state)	Did You Graduate?	Years Attended	Degree Received	Major
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Special skills and qualifications acquired from employment or other experience

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I further certify that I completed this application on my behalf.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release from liability all persons and companies contacted for this purpose.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Macon Water Authority.

Signature of Applicant

Date Completed

IMPORTANT

Please read this notice before submitting the application. If you are in doubt or have any questions please consult a Human Resources representative for assistance. Falsification of your application or any part thereof will result in disqualification of employment.

YOUR EMPLOYMENT WITH MWA IS CONTINGENT UPON PASSING A :

- 1. Drug Screen
- 2. Criminal Background Investigation
- **3. Physical Examination**
- 4. Georgia Motor Vehicle record check

Please Note: We will obtain a MVR. Speeding violations and/or DUI conviction within the past seven years may render you unacceptable for driving MWA vehicles.

DRUG SCREEN RELEASE

I______, in consideration for employment by the Macon Water Authority, hereby give my consent to, and authorize the Macon Occupational Medicine to perform any testing or medical procedures to determine the presence and/or level of drugs in my body.

I further give my consent to release to the Authority, or it's designated agent, the results of any medical tests or medical procedures performed by the Macon Occupational Medicine, including any tests or medical procedures to determine the presence and/or level of drugs.

I realize that my refusal to sign this form constitutes a violation of the Authority's stated policy, and for that refusal I will not be considered for any position. Therefore, I am waiving any possibility of employment with the Authority.

SIGNED:

DATE:

A copy of this consent form shall be valid as an original.

CRIMINAL BACKGROUND INVESTIGATION and Consent for Release of MOTOR VEHICLE REPORT: I hereby authorize the Macon Water Authority to receive my criminal history and/or MVR, and any information

pertaining to me which may be in the files of any state or local criminal justice agency.

NAME (as it appears on Driver's License):	DOB: SOC. SEC.#			
Other names used (If Applicable):				
Address:	GA Driver's License No.:			
	SEX: RACE:			
SIGNED:	DATE:			

I understand that the position I am applying for requires that I have a Valid Georgia Driver License and that I must be insurable by the Authority's insurance carrier. Speeding violations and/or citations for DUI (Driving Under the Influence within the past seven years may render me unacceptable for driving an Authority vehicle.



AUTHORIZATION TO OBTAIN CREDIT AND/OR BACKGROUND CHECK

PLEASE READ CAREFULLY

The Macon Water Authority may obtain a credit and/or consumer report on you in connection with your application for employment. The report(s) may contain information about your credit history, character, general reputation, personal characteristics, and mode of living.

By signing below, you authorize the Macon Water Authority to proceed with this inquiry which will only be used for employment purposes. In the event that you are not hired as a result of any information contained in the report, the Authority will provide you with a copy of the report as well as written explanation of your rights under the Fair Credit Reporting Act, which would include your name, address, and telephone number of the credit bureau supplying the credit report; information concerning your right to dispute the accuracy and/or completeness of any information contained in the report; and your right to request additional disclosures concerning the nature and scope of the investigation into your background.

I have read the foregoing and hereby authorize the Macon Water Authority to conduct a Credit Report and/or Consumer Report on me in connection with my application for employment.

I certify that my name is ______, and that I do not go by any other name.

My Social Security Number is _____-____.

Applicant's Signature

Date Signed



MACON WATER AUTHORITY

DISCLAIMER

Each applicant and/or employee of the Macon Water Authority understands and agrees that, notwithstanding, any provision provided for in the personnel policy manual (including, without limitation, the policies on Conduct, Grievances, and Termination Proceedings), the relationship between the applicant/employee shall at all times, now and in the future, be deemed an "at-will" relationship, terminable with or without cause, by either party. All applicants and employees agree and acknowledge that they have no expectation or promise of continued employment, no expectation or promise of compensation and no property, liberty, constitutional or other interest not expressly provided for in the personnel policy manual. Further, all applicants and employees agree and understand that absent duly executed written contract of employee specifically authorized by the Authority's Board Members, no person has authority to make any promise or representation (whether oral or in writing) that differs in any way from the personnel policy manual (or this Disclaimer) and in the event that any such representations are made, the applicant/employee agrees and acknowledges that they will not rely upon them. The Macon Water Authority reserves the right at any time to change any part of its personnel policy manual, and all applicants and employees agree to abide by any such changes and notifications, as a term and condition of employment.

I have read the above and have had the opportunity to have the above terms explained to me. I acknowledge receipt of this disclaimer and agree to abide by its provisions.

Applicant's Signature

Date Signed

Witness

Date Signed